

tion. . . . In the last analysis, life depends upon health. Without health, there is nothing."

Visiting nursing or hourly nursing fills one of the most important gaps in the medical program. It ought to be more general than it is. Detroit has eight visiting, hourly, or home-visiting nurses working through a control exchange. Two dollars is charged for the first hour, and fifty cents for subsequent hours.

There are sporadic attempts to carry it on in California. If county medical societies and county nursing organizations would get together, a comprehensive plan could be worked out that would insure better medical care of patients at reduced cost without affecting adversely the material interests of doctors or nurses.

California, Nevada, and Utah Doctors Publish Elsewhere:

[Note.—Members of the California, Nevada, and Utah Medical Associations are invited to supply the editor with reprints or marked copies of magazines containing their articles or very brief abstracts. All that we receive will be noted regularly in this space.—Editor.]

—L. B. Dickey, San Francisco, "Duodenal Ulcer, with Diverticulum," *Journal A. M. A.*, March, 1926.

—Frank Hinman, San Francisco, "The Indication of Nephrostomy Preliminary to Ureterorectoneostomy," *Journal A. M. A.*, April, 1926.

—Albert H. Rowe, Oakland, writes on "Bronchial Asthma in Children and in Young Adults," *American Journal of Diseases of Children*, January, 1926.

—Frank H. Rodin, San Francisco, "Treatment of Iridocyclitis by Subconjunctival Injections of Atropin and Epinephrin," *Am. J. Ophth.*, January, 1926.

—Moses Scholtz, Los Angeles, "Trichophytosis of the Glabrous Skin," *M. J. and Record*, March, 1926.

—John D. Lawson, Woodland, California, "The Treatment of Pyogenic Infection by Roentgen Irradiation," *Radiology*, February, 1926.

—John W. Shuman, Los Angeles, "The Anemias," *J. Lab. and Clin. Med.*, August, 1925; "Duck Season Closes," *M. Times*, April, 1926; "Cancer of Stomach," *J. A. M. A.*, April 10, 1926.

—William Everett Musgrave, San Francisco, "Social Service Sifts Needy from Pretended Indigents (Children's Hospital of San Francisco)" by asking opinion of physician as to financial status of applicant for aid, cements friendship of medical men and distributes relief properly.—*The Nation's Health*, March, 1926.

Notwithstanding the very commendable progress that has been made in developing the technique of modern public health administration, there is considerable unfinished business. Public health authorities have recognized the limitations of police power in controlling disease or promoting better health. This has introduced a new activity, usually referred to as popular health education. Suppressive and preventive measures, compulsorily enforced, will still be necessary; but we have learned that the individual will contribute more to the health of his community if he can be taught to practice the essential principles of health, hygiene, and sanitation. The field of popular health education has not been half explored. Many methods and devices have been tried, but these efforts have been directed chiefly toward mass teaching. A direct appeal to the individual seems to promise more encouraging results; and of all the agencies that have established effective and extensive contacts with the individual, none has been as successful as the public health nurse.—Hugh S. Cumming.

The Ohio State Journal thinks that a slight extension of the lie classification now seems advisable. There are now lies, damned lies, and wet and dry statistics.—*The Outlook*.

MEDICAL ECONOMICS AND PUBLIC HEALTH

I repeat that the best hospitals we have in the world are west of the Alleghany Mountains; those that are playing the game. They have the records, the laboratories, and the staff meetings. The result is apparent when one attends the clinics in this part of the country and the clinics in the East. You all know that because you travel, but they do not come over here to see what you have; but you know when you go East you are perfectly satisfied to come back here. You may be stimulated to do a little better, but not because the average is against you.—Franklin H. Martin, *Southwestern Medicine*, March, 1926.

A long acquaintance both with mathematics and with a reasonably wide variety of applications thereof has made me somewhat skeptical of formulas, and I have perhaps unwisely gone so far as to state in print that I do not believe formulas.—Edwin B. Wilson (*Science*, March 19).

New Health Officers—Francis F. Malone, M. D., has been appointed health officer of the city of Calipatria in Imperial County to succeed L. L. Lindsay, M. D.

Dr. Malone is a member of the California Medical Association.

As we have pointed out in earlier numbers, the county hospital, financed and controlled by the county commissioners and supported at public expense, is very apt to be a thorn in the flesh of the medical profession, and evidence of it already is manifested in some counties of the state. In the first place, not a few of these county hospitals are served by doctors without pay, though everyone else connected with such institutions received compensation. There is no objection to this as long as the service is rendered to the indigent, but now comes a plea from some counties that a hospital maintained by taxation should offer free service to the taxpayers, and the doctors are expected to supply the service either gratuitously or at beggarly fees. In those counties where salaries are paid, the salaries are small though the volume of work may be large. Even the question of care of the indigent is one in which there is no consideration for the medical man, though everyone else is paid. The advantages of having a well-equipped hospital in every county cannot be denied, but an effort should be made to run these hospitals just as any other hospitals are run, with the doctors allowed minimum fees for attendance upon charitable cases, and the right to charge usual fees for any and all other patients taken to the hospital. No other basis will be fair to a deserving and self-respecting medical profession. The indigent deserve care at public expense, but there is no more reason why doctors should render gratuitous service to the indigent, who in reality are a community charge, than that grocery keepers should supply food gratuitously to the indigent. In other words, everyone should share through taxation the support of the indigent, and no one should be expected to furnish more than his share in that care, the doctor included.—*Journal Indiana Medical Association*, March, 1926.

Most experienced hospital executives will take issue with W. P. Shepard, Berkeley, California Health Officer (*Pacific Coast Journal of Nursing*) when he says: "The marvelous fact that the Pasteur technic for the care of contagious diseases has made it possible to attend any number of different contagions in a single room, if need be, without serious risk to either the patients or the nurses, has made no impression upon many hospital superintendents or superintendents of nurses. The wonderful records of our leading contagious disease hospitals, where hundreds of cases of every description are cared for constantly with a remarkably low rate of cross-infections, are entirely overlooked by these leaders of medical

institutions. The fact that a nurse well trained in technic may care for almost any type of contagious disease, even including the dread pneumonic plague, without serious danger to herself, is never so much as whispered to their students."

William R. Redden, who is said to represent the medical profession on the directorate of the National Red Cross, in recent articles is quoted as having said: "When Public Health and Preventive Medicine were twin individuals without hair on their heads, or clothes on their hides, they were almost strangled to death by the medical profession. From all over the country came the cry from professional lips: 'Kill them or they will kill our business. Don't you know that if you stamp out typhoid fever the very bread and butter will be snatched from our mouths, for typhoid cases, long drawn out, followed by many complications, pay practically all our overhead expenses during most of the year?'"

We wonder what good Dr. Redden thought he would do to the A. R. C., to himself or the public by thus attempting to injure a great profession.

The modern public health movement, spanning a period of fifty years, has progressed from attempts merely to suppress disease to an era of prevention, and, finally, has recognized the necessity for health-promotion activities.

Notwithstanding the commendable progress that has been made in public health practice, recent surveys of 186 large cities have disclosed a great variety of method and procedure, many of which are inconsistent and not in accord with our present knowledge.

There is a growing tendency to encourage standardization of public health methods and to establish arbitrary measures, for the relative values of many items can be definitely determined only after careful scientific study and interpretation of details and a demonstration of the principles involved, preliminary to any attempt to establish relative values or to revise present methods.—Hugh S. Cumming.

A prescription on file in a drug store is *prima facie* evidence that the physician who wrote it was treating a sick person for whom it was written. It is placed on file by the druggist for his own protection, and is a semi-public document which is open to the inspection of authorized state officials. A prescription for a narcotic or an alcoholic liquor is evidence that the person for whom it is intended is sick, and that the physician who wrote the order is actually treating the patient according to the scientific standards of modern medicine. Giving an alcoholic liquor to be used for any other purpose constitutes perjury and lying.—Editorial, New York State Journal of Medicine.

When anyone attempts to propose an "ideal" plan of organization for adequate community health service for a city of a given size, it might seem logical to review the records of a group of apparently progressive communities and to pick out the city with the most highly developed service and offer that as the ideal or standard for the group. In attempting to do this, one would soon reach the inevitable conclusion that no two cities have followed the same scheme of organization.

The exact plan of local health service that will fulfill all the essential requirements of any selected community must be adapted to the circumstances and conditions peculiar to that community. Because of climatic, geographic, political, social, racial, economic, or other purely local characteristics, the vital health problems of one city may well differ from the particular problems that are of special concern to some other city.—Hugh S. Cumming.

A recent number of the *Saturday Evening Post* takes the medical profession to task for its inability and ineffectiveness in putting over to the public the gospel of good health. It charges the medical profession with being the most tongue-tied of all learned professions, and apparently thinks that doctors still adhere to the dead lan-

guages in their manner of speech and of writing. It commends their zeal for scientific advancement and knowledge, but implies that much of this knowledge remains barren because it does not become the common property of the layman. The editor speaks of the doctor's love for long, accurate Greek and Latin words as being his besetting sin, and charges him with the lack of ability to write simply racy English, which would make his message attractive and understandable.—*American Journal of Public Health*, March, 1926.

The Marion H. Lippman Laboratory—Mr. Sugarman is retiring from the well-known Lippman & Sugarman Laboratory in the Butler Building, 135 Stockton Street, San Francisco. The laboratory will hereafter be continued by Dr. Marion H. Lippman in the same place where it has been conducted for twelve years. Dr. Lippman is a B. S. and an M. S. from the University of California. He has taken courses in Bacteriology and Wassermann Reaction at Harvard Medical School, the University of California, and Stanford University. During the war Dr. Lippman served as a private at Camp Fremont Base Hospital and later at the Yale Army Laboratory School. After many years of experience he became convinced that good laboratory diagnosis and the right sort of laboratory service to physicians was impossible to render without medical education. He therefore took up the study of medicine and graduated from the University of California Medical School in 1925. He is now assistant instructor in surgical pathology at the University of California Medical School.

Some pharmaceutical manufacturers and distributors advertise both to the medical profession and the public. Sometimes they make claims in their public advertising that would not be accepted by an ethical medical publication. Others like the Laboratory Products Company of Cleveland, Ohio, advertise *only* to physicians. In a recent letter to doctors they state that: "From the very beginning S. M. A. has been advertised to the medical profession only. We have depended entirely upon the co-operation of the physicians to prescribe S. M. A. It is through this excellent co-operation that we have been able to bring S. M. A. to the foreground among all fine products for the infant's diet."

"We want to be of service to the medical profession. If you want literature and samples of S. M. A., write for them. If you have questions to ask about S. M. A. or protein S. M. A. (Acidulated), ask us. If you have any suggestions to offer, we shall welcome them."

"We are at your service, and we want you to use the enclosed stamped postcard. No additional postage is necessary."

That is fine advertising, and it shows a high ethical policy deserving of support.

The patents granted to Drs. George F. and Gladys H. Dick have been assigned by them to the Scarlet Fever Committee Incorporated of Chicago for administration, and the Scarlet Fever Committee Incorporated has granted the first license to E. R. Squibb & Sons for the manufacture and sale of Authorized Scarlet Fever Products. Prepared under the Dick patents, these products consist of Scarlet Fever Antitoxin, both therapeutic and prophylactic; Scarlet Fever Toxin for the Dick Test to determine susceptibility to Scarlet Fever; Scarlet Fever Toxin for active immunization against Scarlet Fever, and Scarlet Fever Antitoxin to be used in the diagnostic Blanching Test.

The Council on Pharmacy and Chemistry of the American Medical Association has accepted all of the Scarlet Fever Products put out by Squibb & Sons, and the Squibb Scarlet Fever Toxin, both for the Dick Test and for Active Immunization, are the first, and so far the only Scarlet Fever Toxins accepted by the Council on Pharmacy and Chemistry. These authorized products are prepared and thoroughly controlled by (1) the controls and tests made in the Squibb Biological Laboratories; (2) under Government regulations samples of each and every lot of Scarlet Fever Toxin and Antitoxin are required to be submitted to the Hygienic Laboratory for test and

approval; and (3) samples of each and every lot of Scarlet Fever Toxin and Antitoxin prepared under the Dick patents are required to be submitted to the Scarlet Fever Committee Incorporated for laboratory tests and clinical trial before any of that particular lot is placed upon the market.

This triple control (which does not exist for any Scarlet Fever products not prepared under license from the Scarlet Fever Committee Incorporated) insures products of maximum potency and is, in effect, a guarantee on the part of two control institutions, independent of the Squibb organization, as to the potency of such preparations.

In any type of hospital organization I am convinced that there should be an individual responsibility for the care of the patient, not a group responsibility. Numerous ways of selecting the individual for this relation to the patient could be thought of, any one of which would work with complete satisfaction, provided this responsibility is recognized by both staff member and patient and the staff member, selected for the responsibility, is a broadly trained, competent clinician.—Henry A. Christian (Journal American Medical Association).

Of Such Are Statistics Made—In one large city the seventy medical examiners of schools differed so widely as to what constitutes a defect of vision that one found only 1.5 per cent, while another found 24 per cent defective. The range as to diseased tonsils was from 2 per cent on the one hand, to 35 per cent on the other; for nasal obstruction, from 1 to 22 per cent; for decayed teeth, from 8 to 49 per cent; for stoop shoulders, from .1 per cent to 19 per cent; for anemia, $\frac{1}{2}$ per cent to 25 per cent; and for "defective heart," from none to 3.5 per cent—Editorial, Medical Journal and Record.

On July 4, 1885, little Joseph Meister was going to school at the village of Meissengott in Alsatia. He was but 9 years old, and of a sudden a dog, its jaws all dripping saliva, the gleam of madness in its eye, leaped on him. Down went the boy, crying for help, seeking to protect himself from the ferocious beast that was worrying him savagely. A laborer saw the scene, snatched up a bar of iron, and attacked the dog, which bolted back to its owner. The owner at once shot it, for its madness was terrible to see. And poor little Joseph Meister, with over a dozen bites about his arms and hands and legs, was carried to the local doctor. "What shall I do?" the weeping mother cried. "When I have dressed his wounds, take him to Paris to M. Pasteur," the enlightened doctor replied, for he was conversant with Pasteur's work, and two days after the attack little Joseph Meister was led into the laboratory. Pasteur's heart went out to the little boy. He longed to save him from an agonizing death, but he could not make up his mind, did not know what to do. In his perplexity he consulted two colleagues. "Vaccinate," they urged. "It will be quite safe." Pasteur at length agreed. The child was already doomed. The only chance of saving him was to vaccinate, to treat the child as he had treated so many dogs. That same evening the weeping boy received the first inoculation of the harmless virus. And day by day a deadlier virus was injected, and day by day Pasteur became more and more worried. He could not work, could not sleep. His anxiety was almost unbearable. His whole attention was concentrated on the lad he was trying to save. He prayed that he might succeed, was fearful lest he should fail. A dozen times in ten days the inoculating needle pricked into little Meister's skin, and then the last inoculation was given from a rabbit but newly dead. Pasteur's anxiety was at fever-pitch. All night long the scientist tossed about in his bed, his eyes heavy with lack of sleep, his brain tortured by terrible mental pictures of little Meister dying in the greatest agony. The next day the boy ran in to him, still enjoying health, showing no sign of the dread symptoms that Pasteur had got to know so well! Yet he kept the boy by him, afraid to let him go to his home. He, who admitted nothing until he had proved it, would not admit to himself that Meister was saved, that rabies was conquered. A month passed and he felt fairly sure; two months passed and he was certain.—David Masters (The Conquest of Disease).

CALIFORNIA MEDICAL ASSOCIATION

EDWARD N. EWER, M. D., Oakland.....President
W. T. McARTHUR, M. D.....President-Elect
EMMA W. POPE, M. D., San Francisco.....
.....Secretary and Associate Editor for California

The fifty-fifth meeting of the California Medical Association is in session as the May issue goes to press. Addresses of chairmen of sections and the minutes of the House of Delegates will appear in the June issue; the Council minutes and addresses of our invited guests, in the July number.

ALAMEDA COUNTY

Alameda County Medical Association (reported by Pauline S. Nusbaumer, secretary)—The regular meeting was held March 15, 1926, President J. K. Hamilton in the chair. The following program was presented:

"Epidemiology of Smallpox," N. E. Wayson (by invitation). "Diagnosis and Treatment of Severe Smallpox," Arthur A. O'Neill (by invitation). "Administrative Application of Intradermal Methods of Vaccination," John Force (by invitation).

These papers were discussed by H. E. Foster, W. P. Shepard, F. L. Kelly, O. D. Hamlin, C. D. Sweet, A. A. O'Neill, and N. E. Wayson.

After adjournment refreshments were served.

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CONTRA COSTA COUNTY

Contra Costa County Medical Society (reported by S. N. Weil, secretary)—The monthly meeting of the Contra Costa County Medical Society was held on March 27, 1926, at the home of Dr. G. W. Sweetzer-Martinez.

The society had the pleasure of listening to Dr. Dudley Smith of San Francisco, a councilor of the State Medical Society, explaining the workings of the society and the good work that the League for Conservation of Public Health is doing.

Attorney A. F. Bray of Martinez gave a splendid talk covering the high-lights of medical jurisprudence.

Doctor Rowell of Crockett introduced a resolution that the society support the Medical Reserve Corps and urging the members qualified to enroll. Seconded by Dr. Beard and carried.

A most delightful supper was served by Mrs. Sweetzer, and heartily enjoyed by those present.

Those present: Doctors Abbott, Blake, Beard, Carpenter, Keser, Merrithew, McCullough, Rowell, Weil, Dudley Smith, Mr. Bray.

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KERN COUNTY

Kern County Medical Society (reported by C. McLain, M. D., secretary)—The last monthly meeting was held at the Kern General Hospital, fourteen members being present. Dr. De Lappe, councilor of the Fourth District, was our guest and gave us an interesting talk on the different activities of the State Association. F. J. Gundry, M. D., F. R. C. S., Bakersfield, read an interesting paper, "Rupture of the Biceps Muscle," with a case demonstration.

At the time of the meeting there were ten cases of virulent smallpox with three deaths and another not expected to live. It is interesting to note that none of the virulent cases has ever been vaccinated.

Dr. Joe Smith, County Health Officer, and Dr. P. J. Cuneo, City Health Officer, Bakersfield, have conducted a free vaccination clinic, and at the time of this report about 2000 have been vaccinated.